UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

11/05/2004

Michael A. Bernadicou BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025 EXAMINER

PHAM, LONG

PAPER NUMBER

ART UNIT

DATE MAILED: 11/05/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/672 152      | 09/25/2003  | Stefan Hau-Riege     | 42P12754D           | 8122             |

TITLE OF INVENTION: WAFER-BONDING USING SOLDER AND METHOD OF MAKING THE SAME

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$300           | \$1670           | 02/07/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

1. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

| INSTRUCTIONS: This for appropriate. All further cornindicated unless corrected b maintenance fee notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m should be used for tran<br>espondence including the I<br>elow or directed otherwise<br>s. | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a                                                                                                | E FEE and PUBLIC<br>ders and notification<br>) specifying a new o                                                                                                                                                                                                                   | CATION FEE (if requ<br>of maintenance fees v<br>orrespondence address                          | ired). Blocks 1 through 5 sh<br>will be mailed to the current<br>; and/or (b) indicating a sepa                                                                   | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E ADDRESS (Note: Use Block 1 for 90 11/05/2004                                              | any change of address)                                                                                                                                      | ,                                                                                                                                                                                                                                                                                   | Fee(s) Transmittal. Th                                                                         | mailing can only be used for<br>his certificate cannot be used for<br>al paper, such as an assignme<br>e of mailing or transmission.                              | or any other accompanying                                                                                                   |
| Michael A. Berna<br>BLAKELY, SOKO<br>Seventh Floor<br>12400 Wilshire Bou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LOFF, TAYLOR & Z                                                                            | AFMAN LLP                                                                                                                                                   |                                                                                                                                                                                                                                                                                     | Cell hereby certify that the States Postal Service addressed to the Mai transmitted to the USF | rtificate of Mailing or Trans<br>his Fee(s) Transmittal is being<br>with sufficient postage for firs<br>il Stop ISSUE FEE address<br>PTO (703) 746-4000, on the d | mission<br>g deposited with the United<br>at class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |
| Los Angeles, CA 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   | (Depositor's name)                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   | (Signature)                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   | (Date)                                                                                                                      |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FILING DATE                                                                                 |                                                                                                                                                             | FIRST NAMED INVE                                                                                                                                                                                                                                                                    | /TOR                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                               | CONFIRMATION NO.                                                                                                            |
| 10/672,152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09/25/2003                                                                                  |                                                                                                                                                             | Stefan Hau-Rieg                                                                                                                                                                                                                                                                     | <del></del>                                                                                    | 42P12754D                                                                                                                                                         | 8122                                                                                                                        |
| TITLE OF INVENTION: W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                | T T                                                                                                                                                               |                                                                                                                             |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SMALL ENTITY                                                                                | ISSUE FI                                                                                                                                                    |                                                                                                                                                                                                                                                                                     | UBLICATION FEE                                                                                 | TOTAL FEE(S) DUE                                                                                                                                                  | DATE DUE                                                                                                                    |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                                                                                          | \$1370                                                                                                                                                      | 1                                                                                                                                                                                                                                                                                   | \$300                                                                                          | \$1670                                                                                                                                                            | 02/07/2005                                                                                                                  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INER                                                                                        | ART UN                                                                                                                                                      | іт с                                                                                                                                                                                                                                                                                | LASS-SUBCLASS                                                                                  |                                                                                                                                                                   |                                                                                                                             |
| РНАМ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LONG                                                                                        | 2814                                                                                                                                                        |                                                                                                                                                                                                                                                                                     | 257-734000                                                                                     | _                                                                                                                                                                 |                                                                                                                             |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O PLEASE NOTE: Unless an assignce is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is Note of the Print of the print of this form is Note of the Print of the Print of this form is Note of the Print of the</li></ol> |                                                                                             |                                                                                                                                                             | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                |                                                                                                                                                                   |                                                                                                                             |
| ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | assignee category or catego                                                                 | ries (will not be pri                                                                                                                                       | inted on the patent):                                                                                                                                                                                                                                                               | Y and STATE OR CO                                                                              | UNTRY) Corporation or other private gro                                                                                                                           | oup entity 🖵 Government                                                                                                     |
| 4a. The following fee(s) are 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enclosed:                                                                                   | 4b                                                                                                                                                          | . Payment of Fee(s):                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                                   |                                                                                                                             |
| ☐ Issue Fee☐ Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   |                                                                                                                             |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   |                                                                                                                             |
| 5. Change in Entity Status ( a. Applicant claims SM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | from status indicated above MALL ENTITY status. See                                         | ,                                                                                                                                                           | b. Applicant is n                                                                                                                                                                                                                                                                   | o longer claiming SMA                                                                          | LL ENTITY status. See 37 Cl                                                                                                                                       | FR 1.27(g)(2).                                                                                                              |
| The Director of the USPTO i<br>NOTE: The Issue Fee and Pu<br>interest as shown by the reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s requested to apply the Issuablication Fee (if required) words of the United States Pate   | ue Fee and Publicat<br>vill not be accepted<br>ent and Trademark                                                                                            | tion Fee (if any) or to<br>I from anyone other to<br>Office.                                                                                                                                                                                                                        | re-apply any previous<br>han the applicant; a reg                                              | ly paid issue fee to the applica<br>istered attorney or agent; or th                                                                                              | tion identified above.<br>le assignee or other party in                                                                     |
| Authorized Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                   |                                                                                                                             |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                | 1 No                                                                                                                                                              |                                                                                                                             |
| This collection of information an application. Confidentialing the completed ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>plication form to the USPT    | 11. The informatio<br>122 and 37 CFR<br>O. Time will vary                                                                                                   | n is required to obtain 1.14. This collection depending upon the                                                                                                                                                                                                                    | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any co                 | the public which is to file (and<br>minutes to complete, includin<br>omments on the amount of tin                                                                 | by the USPTO to process) g gathering, preparing, and ne you require to complete                                             |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                                      | FILING DATE   | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO.                        |  |  |
|------------------------------------------------------|---------------|----------------------|-------------------------|-----------------------------------------|--|--|
| 10/672,152                                           | 09/25/2003    | Stefan Hau-Riege     | 42P12754D               | 8122                                    |  |  |
| 75                                                   | 90 11/05/2004 | EXAMINER             |                         |                                         |  |  |
| Michael A. Bernadicou                                |               |                      | РНАМ,                   | PHAM, LONG                              |  |  |
| BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor |               |                      | ART UNIT                | PAPER NUMBER                            |  |  |
| 12400 Wilshire Boulevard<br>Los Angeles, CA 90025    |               |                      | 2814                    | - · · · · · · · · · · · · · · · · · · · |  |  |
|                                                      |               |                      | DATE MAILED: 11/05/2004 |                                         |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.